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1.28(c)

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Application No. 10/534,449
 Paper Dated: January 8, 2010
 Attorney Docket No. 0470-051457

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/534,449

Confirmation No. 4779

Applicant : TJITZE METER

Filed : November 11, 2003

Title : AN INCUBATOR AND METHOD FOR CLEANING
 THE INCUBATOR

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OFFICE OF PETITIONS

Group Art Unit : 1792

Examiner : Saeed T. Chaudhry

Customer No. : 28289

Mail Stop Issue Fee
 Commissioner for Patents
 P. O. Box 1450
 Alexandria, VA 22313-1450

NOTIFICATION OF ERROR IN PAYMENT OF FEES AND PAYMENT OF FEE
DEFICIENCY UNDER 37 C.F.R. § 1.28(c)

Sir:

The above-identified application was filed asserting large entity status. However, on November 18, 2008 and August 25, 2009, extension of time fees were erroneously paid at the small entity rate, as itemized in the below table:

Fees Erroneously Paid as a Small Entity	Date Paid	Fee Actually Paid as a Small Entity	Present Fee	Deficiency Owed
Two-month Extension of Time	11/18/2008	\$245.00	\$490.00	\$245.00
Three-month Extension of Time	08/25/2009	\$555.00	\$1,110.00	\$555.00
TOTAL:		\$800.00	\$1600.00	\$800.00

I hereby certify that this correspondence is being submitted via Express Mail to the United States Patent and Trademark Office on January 8, 2010. 01/15/2010 DALLEN 00000000 10534449

800.00 QP

01/08/10

Date

Signature

Katie M. Newcomb

Typed Name of Person Signing Certificate

Application No. 10/534,449
Paper Dated: January 8, 2010
Attorney Docket No. 0470-051457

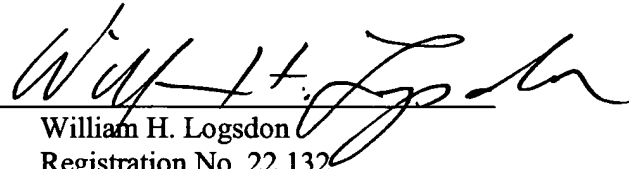
The payments which were made were made in good faith and without deceptive intent.

Applicant hereby submits a check for \$800.00 in payment of the fee deficiency in this application. Authorization is hereby made to charge any further deficiency in fees to Deposit Account No. 23-0650. Please refund any overpayment to Deposit Account No. 23-0650.

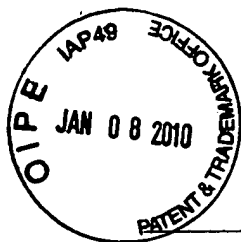
Respectfully submitted,

THE WEBB LAW FIRM

By



William H. Logsdon
Registration No. 22,132
Attorney for Applicant
436 Seventh Avenue
700 Koppers Building
Pittsburgh, PA 15219
Telephone: (412) 471-8815
Facsimile: (412) 471-4094
E-mail: webblaw@webblaw.com



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

ATTORNEY'S DOCKET NUMBER

Tjitze METER

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Application No. 10/534,449

0470-051457

JAN 19 2010

ENTITLED

OFFICE OF PETITIONS

"AN INCUBATOR AND METHOD FOR CLEANING THE INCUBATOR"

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

EXPRESS MAIL CERTIFICATE

"Express Mail" label number EV 961836940 US

Date of Deposit January 8, 2010

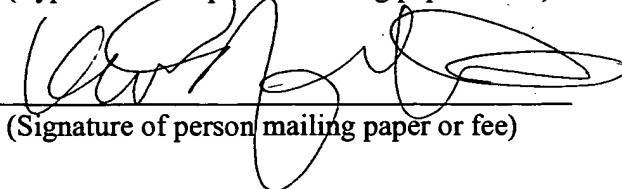
I hereby certify that the following attached paper or fee

- Transmittal Form (1p);
- Fee Transmittal Form (1p in dup);
- Notification of Error in Payment of Fees and Payment of Fee Deficiency (2 pp);
- Check in the amount of \$800 for Payment of Fee Deficiency; and
- Return Receipt Postcard.

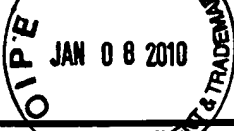
is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above and is addressed to the Commissioner of Patents and Trademarks, P. O. Box 1450, Alexandria, VA 22313-1450.

Katie M. Newcomb

(Typed name of person mailing paper or fee)



(Signature of person mailing paper or fee)



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2009☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**800.00****Complete if Known**

Application Number 10/534,449

Filing Date 11/11/2003

First Named Inventor Tjitze METER

Examiner Name Saeed T. Chaudhry

Art Unit 1792

Attorney Docket 0470 - 051457

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OFFICE OF PETITIONS**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Small Entity	
Fee (\$)	Fee (\$)
52	26
220	110
390	195

Total Claims - **20 or HP** = **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims**Fee (\$)** **Fee Paid (\$)****Indep. Claims** - **3 or HP** = **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Payment of Fee Deficiency

Fees Paid (\$)**\$800****SUBMITTED BY**

Signature

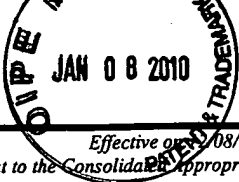
William H. Logsdon

Registration No.
(Attorney/Agent) 22,132

Telephone 412-471-8815

Name (Print/Type)

Date January 8, 2010



Effective on 08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2009

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 800.00

Complete if Known

Application Number	10/534,449
Filing Date	11/11/2003
First Named Inventor	Tjitze METER
Examiner Name	Saeed T. Chaudhry
Art Unit	1792
Attorney Docket	0470 - 051457

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METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims - 20 or HP Extra Claims Fee (\$) Fee Paid (\$)

- x =

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

Indep. Claims - 3 or HP Extra Claims Fee (\$) Fee Paid (\$)

- x =

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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Payment of Fee Deficiency

Fees Paid (\$)

\$800

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	22,132	Telephone	412-471-8815
Name (Print/Type)	William H. Logsdon	Date	January 8, 2010		



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/534,449
Filing Date	11/11/2003
First Named Inventor	Tjitze METER
Art Unit	1792
Examiner Name	Saeed T. Chaudhry
Total Number of Pages in This Submission	4
Attorney Docket Number	0470 - 051457

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	-Notification of Error in Payment of Fees and Payment of Fee Deficiency
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts Under 37 CFR 1.52 or 1.53		

The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Webb Law Firm		
Signature			
Printed Name	William H. Logsdon		
Date	January 8, 2010	Reg. No.	22,132

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Katie M. Newcomb	Date	January 8, 2010